| PATENT APPLICATION FEE DETERMINATION RECO                                |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   | Application or Docket Number |                        |    |                            |                        |  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|-----------------------|---------------------------------------|------------------|---|------------------------------|------------------------|----|----------------------------|------------------------|--|
| Effective October 1, 2000 DC-I -1 05 - A                                 |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   |                              |                        |    |                            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column                              |                                                                                                                                                                                 |                                             |              |                       |                                       | mn 2)            |   | SMALL EN                     | ITITY                  | OR | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                                             |                                                                                                                                                                                 |                                             | 9            |                       |                                       |                  | 1 | RATE                         | FEE                    |    | RATE                       | FEE                    |  |
| FOR                                                                      |                                                                                                                                                                                 |                                             | NUMBER FILED |                       | NUMBER EXTRA                          |                  | ' | BASIC FEE                    | 355.00                 | OR | BASIC FEE                  | · 710.00               |  |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                 |                                             | 9 minus 20=  |                       | . 8                                   |                  | • | X\$ 9=                       | -                      | OR | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                 |                                             |              |                       | · 2                                   |                  | • | X40=                         | 80                     |    | X80=                       |                        |  |
| ΜU                                                                       | LTIPLE DEPEN                                                                                                                                                                    | DENT CLAIM P                                | RESENT       |                       |                                       |                  |   |                              | 80                     | OR |                            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   | +135=                        |                        | OR | +270=                      |                        |  |
|                                                                          |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   | TOTAL                        | 435                    | OR | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   | SMALL ENTITY OR              |                        |    | OTHER THAN SMALL ENTITY    |                        |  |
| AMENDMENT A                                                              |                                                                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT            |              | HIGH<br>NUM<br>PREVIO | IEST<br>BER<br>OUSLY                  | PRESENT<br>EXTRA |   | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                                                                                                                                                           | *                                           | Minus        | **                    |                                       | =                |   | X\$ 9=                       |                        | OR | X\$18=                     |                        |  |
|                                                                          | Independent                                                                                                                                                                     | •                                           | Minus        | ***                   |                                       | =                |   | X40=                         |                        | OR | X80=                       |                        |  |
| Ĺ                                                                        | FIRST PRESE                                                                                                                                                                     | NTATION OF MU                               | JLTIPLE DEI  | PENDENT CLAIM         |                                       |                  | ] | +135=                        |                        |    | +270=                      |                        |  |
| ,                                                                        |                                                                                                                                                                                 |                                             |              |                       |                                       |                  |   | TOTAL                        |                        | OR | TOTAL                      |                        |  |
|                                                                          |                                                                                                                                                                                 | (O = h 4)                                   |              | (O-l)                 | O\                                    | (Calumn 0)       |   | ADDIT. FEE                   |                        | OR | ADDIT. FEE                 |                        |  |
| AMENDMENT B                                                              |                                                                                                                                                                                 | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI  | MN 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | PRESENT EXTRA    |   | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                                                                                                                                                           | *                                           | Minus        | **                    |                                       | =                |   | X\$ 9=                       |                        | OR | X\$18=                     |                        |  |
|                                                                          | Independent                                                                                                                                                                     | *                                           | Minus        | ***                   |                                       | <u> -</u>        | 1 | X40=                         |                        | OR | X80=                       |                        |  |
|                                                                          | FIRST PRESE                                                                                                                                                                     | NTATION OF MI                               | JLTIPLE DEI  | PENDEN'               | TCLAIM                                |                  | J | +135=                        |                        | OR | +270=                      |                        |  |
|                                                                          |                                                                                                                                                                                 |                                             |              |                       |                                       |                  | 1 | TOTAL<br>ADDIT. FEE          |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|                                                                          | (Column 1) (Column 2) (Column 3)                                                                                                                                                |                                             |              |                       |                                       |                  |   |                              |                        |    |                            |                        |  |
| AMENDMENT C                                                              |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |   | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                                                                                                                                                           | •                                           | Minus        | **                    |                                       | =                |   | X\$ 9=                       |                        | OR | X\$18=                     |                        |  |
|                                                                          | Independent                                                                                                                                                                     | •                                           | Minus        | ***                   |                                       | =                |   | X40=                         |                        | OR | X80=                       |                        |  |
| Ľ                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                             |              |                       |                                       |                  |   | +135=                        |                        | 1  | +270=                      |                        |  |
|                                                                          | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                             |              |                       |                                       |                  |   |                              |                        | OR | TOTAL                      |                        |  |
|                                                                          | If the "Highest Nu                                                                                                                                                              | TOTAL<br>ADDIT. FEE                         |              | OR                    | ADDIT. FEE                            |                  |   |                              |                        |    |                            |                        |  |

\*\* If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20."

\*\*The "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.